

POLICY BRIEF

KEY TERMS

Oncology Workforce Shortage -- a situation in which the demand for oncology clinical visits outpaces the capacity of physicians, advanced practice providers, and oncology care teams to satisfy that demand.

Advanced Practice Providers (APPs) – within an oncology care team, this refers to nurse practitioners (NPs) and physician assistants (PAs). APPs have increasingly become integral members of the oncology care team, with a majority of US oncology practices reporting employment of APPs.

Background

In many areas of the United States, health care systems are facing critical workforce shortages. Even before the COVID-19 pandemic, significant shortages had been predicted for both physicians and nurses. This brief is intended to specifically highlight alarming shortages of oncology providers.

Many factors influence the supply of and demand for oncology services, including changes in the incidence and prevalence of cancers, population demographics, insurance status and type, and changes in physician retirement rates and productivity. Future demand for oncology services in the United States is expected to rise rapidly, driven principally by the aging U.S. population and a projected increase in the number of cancer survivors requiring ongoing monitoring and care. At the same time, the current oncology workforce is aging and heading into retirement in increasing numbers; in 2022, more than 1 in 5 oncologists were nearing retirement (aged 64+).¹

An original study commissioned by ASCO's Board of Directors in 2007 warned of a shortage of oncologists by the year 2020.² A more recent update to this study in 2016³ found that shortage trends in the oncology workforce were largely consistent with the original study, if a bit delayed, and predicted a major shortfall of oncologists by the year 2025, with overall demand for oncologists and radiation oncologists expected to rise by 40 percent between 2012 and 2025. Conversely, the supply of services provided by oncologists during this same period is projected to grow more slowly at approximately 25 percent.

Geographically mismatched demand and supply also characterize the current oncology workforce. The oncology workforce is concentrated in a small number of urban counties – and most rural counties in

¹ <https://ascopubs.org/doi/pdf/10.1200/OP.20.00577>

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2793740/>

³ <https://ascopubs.org/doi/full/10.1200/JOP.2013.001319>

the U.S. have no medical oncologist.⁴ Inadequate availability of health care professionals may contribute to cancer health disparities, as a lack of access to resources to diagnose and treat cancer is a major hindrance to the equitable delivery of care.

The physician workforce continues to struggle with inadequate representation of racial and ethnic minorities, with hematology and oncology lagging further behind medicine in general. Black and Hispanic/Latinx people are currently underrepresented at every level of the pipeline that supplies the medical oncology workforce, and their representation decreases at nearly every step in the path to becoming an oncologist.⁵ Minority physicians are more likely than non-minority physicians to practice in communities designated as physician shortage areas, according to a report from the U.S. Department of Health and Human Services Health Resources and Services Administration.⁶ Thus, recruiting oncologists from diverse backgrounds provides increased and improved clinical oncology care to underserved communities.

Given the aging of the oncology workforce, the current number of new physicians seeking training and the time and resources needed to expand the supply, the United States is unlikely to be able to meet the future demand for services with the expected supply of oncologists. To forestall consequences of shortages in our ability to meet future demand for oncology services, ASCO, policy makers, and the public have major challenges ahead.

Concerns for ASCO Members & the Cancer Community

The original 2007 analysis⁷ conducted by ASCO predicted a major shortfall of medical oncologists by the year 2020. In light of these findings, ASCO made a standing commitment to investigate, initiate, and evaluate programs to assess oncologist supply and demand in detail on an ongoing basis. The ASCO study also served as a call to arms in the medical oncology community, and subsequently a workshop was hosted by the National Cancer Policy Forum in 2008 to examine oncology workforce issues.⁸ The summary of the workshop echoed similar concerns about medical oncology capacity and speculated that an oncology workforce shortage would also affect other physicians, nurses, advanced practice providers, and allied health providers. These trends have largely been supported by more recent data.⁹ In the 2014 update¹⁰ to the 2007 study, which intended to better assess the impact of health reform on demand for oncology services, it was reported that historic increases in health insurance coverage associated with the Affordable Care Act (ACA) will continue to challenge the health care system's ability to meet demand without concomitant increases in expanding the oncology workforce.

⁴ <https://ascopubs.org/doi/pdf/10.1200/OP.22.00168>

⁵ <https://www.aamc.org/data-reports/workforce/report/diversity-medicine-facts-and-figures-2019>

⁶ <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/physiciansupplyissues.pdf>

⁷ <https://ascopubs.org/doi/10.1200/JOP.0723601>

⁸ <https://nap.nationalacademies.org/catalog/12613/ensuring-quality-cancer-care-through-the-oncology-workforce-sustaining-care>

⁹ <https://ascopubs.org/doi/full/10.1200/JOP.2013.001319>

¹⁰ <https://pubmed.ncbi.nlm.nih.gov/24443733/>

ASCO has called for a multifaceted strategy to ensure that Americans have access to oncology services in the future: options proposed include increasing the number of oncology fellowship positions, expanded use of clinicians such as NPs or PAs and hospice care providers, increasing the role of primary care physicians in the care of survivors, and redesigning service delivery. Improving workforce diversity has also been a longstanding priority for ASCO, with the ultimate goal of developing a workforce that provides high-quality cancer care to populations who experience persistent disparities in access to cancer prevention, diagnosis, and treatment—and also poorer health outcomes. Another strategy may involve the use of telemedicine services. ASCO is committed to working with stakeholders to promote increased research on telemedicine, which may be particularly helpful to rural and other eligible patients who would have otherwise had to drive long distances for their cancer care.

Finally, ASCO is concerned that growing administrative burden and payer pressures, particularly prior authorization requirements on evidence-based care and step therapy protocols, are a drain on clinician time and interfere with a healthy, productive workforce. ASCO has long advocated for streamlined prior authorization processes to stop delays in care and reduce administrative burdens and believes that reforms to prior authorization processes will both increase workforce productivity and improve retention.

Where ASCO Stands on Workforce Shortages

ASCO has also put U.S., workforce, COVID-19, and health equity data into perspective in its new Interactive Map of Oncology.¹¹ This data visualization tool explores the geographic distribution of systemic and socioeconomic factors that influence cancer care delivery in the United States, drawing on a number of authoritative sources on the oncology workforce, population demographics, disease epidemiology, and factors related to social determinants of health.

Since the release of its 2007 study, ASCO has regularly monitored and assessed the workforce available to diagnose, treat, and care for people with cancer. Since 2020, ASCO has published an annual graphical snapshot of the state of the US oncology workforce in *JCO Oncology Practice*. ASCO's State of Cancer Care in America™ initiative explores challenges and opportunities in today's oncology delivery system to better understand—and mitigate—barriers to delivery of high quality of care for all patients with cancer. This snapshot is derived using the ASCO Workforce Information System, which provides ASCO with an ongoing method for data collection and reporting on the current status of the oncologist workforce. By studying the factors that affect supply and demand of oncology services, ASCO can more accurately predict workforce trends, review and consider research and programs focused on efficiency of clinical practice, help address any shortages that may occur in specific regions or practice settings, and prepare current and future oncologists for an environment in which new models can enhance supply compared with traditional cancer delivery models.

Advanced practice providers (APPs) are playing an increasingly important role in the oncology workforce and cancer care delivery team and are considered to be a part of the solution to bridging the gap between the supply of and demand for oncology services, as well as providing high-quality, team-based

¹¹ <https://asco-interactive-map-of-oncology-covid-19-asco1.hub.arcgis.com/>

care. For many years, ASCO has collaborated on projects to identify and survey the oncology APP workforce, enhance team interactions in oncology care, and apply the science of team-based care to help oncology professionals improve cancer care delivery.

Lastly, ASCO's longstanding commitment to improve workforce diversity continues across a variety of programs, including the Diversity in Oncology Initiative,¹² the Diversity Mentoring Program,¹³ funding the Medical Student Rotation for Underrepresented Populations,¹⁴ which provides financial support for medical students/residents from underrepresented backgrounds, the Oncology Summer Internship Program,¹⁵ and a recently renewed Equity, Diversity, and Inclusion Action Plan¹⁶ that commits ASCO to building a diverse pipeline of oncology professionals and leaders by increasing participation in our professional development programs by members from underrepresented in medicine or low- and middle- income countries.

For More Information

[Projected Supply of and Demand for Oncologists and Radiation Oncologists Through 2025: An Aging, Better-Insured Population Will Result in Shortage](#)

[Future Supply and Demand for Oncologists: Challenges to Assuring Access to Oncology Services](#)

[State of Cancer Care in America | ASCO](#)

[ASCO Strategic Plan for Increasing Racial & Ethnic Diversity in the Oncology Workforce](#)

[American Society of Clinical Oncology Interim Position Statement on Telemedicine in Cancer Care](#)

[American Society of Clinical Oncology Position Statement: Prior Authorization](#)

[American Society of Clinical Oncology Policy Statement: Disparities in Cancer Care](#)

¹² <https://old-prod.asco.org/news-initiatives/current-initiatives/cancer-care-initiatives/diversity-oncology-initiative>

¹³ <https://old-prod.asco.org/career-development/mentorship/diversity-mentoring-program>

¹⁴ <https://old-prod.asco.org/career-development/grants-awards/funding-opportunities/medical-student-rotation-underrepresented>

¹⁵ <https://old-prod.asco.org/news-initiatives/current-initiatives/cancer-care-initiatives/diversity-oncology-initiative/osi>

¹⁶ <https://old-prod.asco.org/sites/new-www.asco.org/files/content-files/advocacy/documents/2021-ASCO-EDI-Action-Plan.pdf>